

ATTACHMENT 13

Special circumstances when billing commercial health or dental insurance prior to billing Wisconsin Medicaid for dental services

The following table indicates appropriate provider responses on the ADA 2000 paper claim form to special circumstances when billing commercial health or dental insurance prior to billing Wisconsin Medicaid.

| Situation | Appropriate response |
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| No insurance indicator is indicated by Medicaid's Eligibility Verification System (EVS). | Leave Element 33 blank. |
| Insurance indicator "VIS" is present. | Leave Element 33 blank. |
| An insurance indicator is present, but none of the services are listed in Attachments 9-12. | Leave Element 33 blank. |
| The provider: <ul style="list-style-type: none">Is aware of other commercial health or dental insurance not indicated on the EVS.Bills the insurance.Receives reimbursement from the insurer. | <ul style="list-style-type: none">Place "OI-P" in Element 33.Place the amount paid by commercial health or dental insurance in the "Payment by other plan" box in Element 59.Complete the Other Coverage Discrepancy Report (HCF 1159), dated 10/02, located in the forms section of the Wisconsin Medicaid Web site at www.dhfs.state.wi.us/medicaid/. Providers without Internet access may request a copy by calling Provider Services at (800) 947-9627 or (608) 221-9883. |
| The provider: <ul style="list-style-type: none">Is aware of other commercial health or dental insurance not indicated on the EVS.Bills the insurance.Does not receive reimbursement from that insurer. | <ul style="list-style-type: none">Leave Element 33 and the "Payment by other plan" box in Element 59 blank.Complete the Other Coverage Discrepancy Report to update Medicaid files. |